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APPLICANTS

Jeffrey Douglas Brown, Rochester, MN;
 Scott Douglas Clark, Rochester, MN;
 Charles Ray Johns, Austin, TX; Takeshi Yamazaki, Austin, TX;

** CONTINUING DATA ***** *None (10)*

** FOREIGN APPLICATIONS ***** *None (10)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 6
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ADDRESS
 45327
 IBM CORPORATION (CS)
 C/O CARR LLP
 670 FOUNDERS SQUARE
 900 JACKSON STREET
 DALLAS, TX
 75202

TITLE
 Method of resource arbitration

FILING FEE RECEIVED 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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